

(Rev. 4/97)

65

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

ORIGINAL

UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWARE

05-297

James Hall

(Enter above the full name of the plaintiff in this action)

V.

First correctional medical Inc. Head RN Brenda  
Holwerda, CISA M. Gibson, Angelia Wilson RegisacHilary (RN) Shelly Taylor, Thomas Carroll, Commissioner, Warden etc  
(Enter above the full name of the defendant(s) in this action)

## I. Previous lawsuits

A. Have you begun other lawsuits in state or federal courts dealing with the same facts involved in this action or otherwise relating to your imprisonment?  
YES  NO

B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

## 1. Parties to this previous lawsuit

Plaintiffs James HallDefendants First correctional medical Inc - Brenda Holwerda RN  
Thomas Carroll, Shelly Taylor, Warden, Commissioner

2. Court (if federal court, name the district; if state court, name the county)

United States District Court District of Delaware3. Docket number 04-176-GMS4. Name of judge to whom case was assigned Honorable Gregory W. Sleet

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

Action was dismissed without prejudice6. Approximate date of filing lawsuit March 22, 20047. Approximate date of disposition Jan 26, 2005II. A. Is there a prisoner grievance procedure in this institution? Yes  No B. Did you present the facts relating to your complaint in the state prisoner grievance procedure? Yes  No 

C. If your answer is YES,

1. What steps did you take? Filed Grievance 2/1/04 level I 2/20/04 SPW outside consultant on 3/2/04, Filed various other grievances and wrote letters2. What was the result? The 180 days to conclude grievance is expired, grievance still unresolved, there are no further steps available in grievance process. All subsequent grievances were disregarded because grievance rule allow action only for first grievance. I am barred of further grievance action by rule

D. If your answer is NO, explain why not \_\_\_\_\_

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes  No 

F. If your answer is YES,

1. What steps did you take? \_\_\_\_\_

2. What was the result? \_\_\_\_\_

III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff James Hall

Address 1181 Rockwell Rd Smyrna, DE 19971, DCC

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the names, positions, and place of employment of any additional defendants.)

B. Defendant First Corrections Medical Inc is employed as Health

Care provider at Delaware Corrections Center

C. Additional Defendants Barry Holwerda in his official and individual capacity

LISA Merson in her official and individual capacity

Angelia Wilson Regional H.R. Mgr (FCM) in her official and individual capacity

Stan Taylor in his official and individual capacity

Thomas Carroll in his official and individual capacity

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places.

Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph.

Use as much space as you need. Attach extra sheet if necessary.)

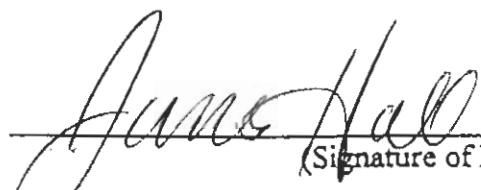
(See Attached Sheets.)

V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

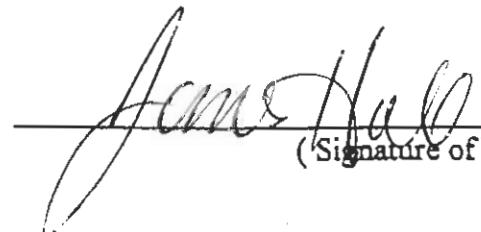
Award Compensatory Damages, Punitive Damages;  
Nominal Damages, Special Damages for Emotional or Mental  
Suffering; Attorneys fees; court cost; and whatever further relief  
The court deems just and proper

Signed this 14 day of MAY, 2005

  
(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

5/14/05  
Date

  
(Signature of Plaintiff)

*Request for Relief*

Compensatory Damages in the amount of  
250,000.00

Punitive Damages in the amount of  
250,000.00

Special Damages, i.e; Extreme Emotional Distress, in the  
amount of 250,000.00

Attorney fees

Court cost

whatever further Relief the Court deems  
just and proper

Date: 5/14/05

*James Hall*  
1181 Rockville Rd Smyrna 19977  
D.C.C.

I/M James Hall  
SBI# 00162581 UNIT W-C-22  
DELAWARE CORRECTIONAL CENTER  
1181 PADDOCK ROAD  
SMYRNA, DELAWARE 19977



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